



16 September 2021

**Re: Consultation on proposed updates to professional competencies and changes to related scopes of practice.**

**Submission to Dental Council on behalf of the New Zealand Association of Orthodontists**

NZAO wishes to make a submission relating only to dentist competencies.

**Question 1** – Do you agree/disagree with the proposed draft: - a. Dentist competencies

NZAO supports these minimum orthodontic competencies for general dental practitioners. Enhancing the level of orthodontic competence beyond the minimum set described in the current draft would be difficult to achieve in the undergraduate setting, especially given the typically long duration of orthodontic treatments. Ideally students should oversee the treatment of orthodontic patients from start to finish, under the supervision of expert tutors, and this is not usually possible within the timeframe of the BDS programme.

With regard to dentists who choose to extend their scope of practice in orthodontics after graduation, NZAO would suggest that a more defined framework is required for ongoing education - see below\*.

**Question 2** – Do you agree/disagree to remove the detailed scope of practice activities from the gazetted scopes of practice, and to replace these with gazetted professional competencies?

NZAO supports this change on the proviso that that a more defined framework is established for ongoing education of dentists who choose to extend their scope of practice in orthodontics. See below\*

\*The minimum orthodontic competencies required by dentists, described in the consultation document under items 6.26 – 6.29, could be described as rudimentary orthodontic knowledge for practitioners graduating from a contemporary five-year programme in general dentistry. General practitioners who choose to develop their activities in orthodontics therefore start their careers from a baseline of very limited education in the discipline at the time of graduation. They may be vulnerable to influence from course providers whose credentials are questionable and whose philosophies of treatment may lack a sound base of evidence.



Previous frameworks for practitioner recertification have provided no gatekeeping or screening role to ensure the merits of various orthodontic courses offered for general dental practitioners. The new peer-based system of self-directed continuing education is no different in this regard. As stated in its submission to the Dental Council's 2016 Orthodontic Working Group Report, "NZA consider that the education and training post-graduation, in extending knowledge, skills and competencies beyond graduation level, but not a formal dental specialist postgraduate qualification, is a very difficult issue because there is no accreditation recognised with these programs, no controls over the scientific content and generally an absence of ongoing supervision and support".

Several general dental practitioners have been the subject of multiple patient complaints relating to their provision of orthodontic treatment over the last decade. Despite the assertion in the Council's 2016 Orthodontic Working Group Report that "concerns around orthodontic treatment involved only a small number of patients and a very small number of (general) practitioners", this supposedly small group appears to be disproportionately represented in the Council's competency investigations in the field of orthodontic treatment. There appears to be a clear risk of harm to the public, and this should be of concern to Council.

While the determination of minimum competencies in orthodontics for dentists sets initial boundaries for orthodontic treatment provision by graduating dentists, differing levels of ongoing education and training can and should be recognised for individual practitioners. However, systems for scrutinising and accrediting orthodontic courses for general dentists should be developed.

NZA submits that

1. It is inappropriate for general dental practitioners to progressively expand their scopes of practice in the field of orthodontics solely by a process of self-directed learning via courses that are neither vetted nor accredited, and which lack any benchmarked process of assessment or examination. This is particularly true given the very limited level of orthodontic content in the undergraduate curriculum.
2. General dental practitioners should be regularly reminded that they must be able to demonstrate a level of professional competency that appropriately underpins their individual scope of practice in the field of orthodontics.
3. A system of assessment and accreditation of orthodontic courses offered to general practitioners should be developed by Council, in consultation with NZAO and the Discipline of Orthodontics at the University of Otago.

**PETER DYSART**  
President NZAO

(Electronically sighted and approved)